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CONFIRMATION NO. 3611

<b>SERIAL NUMBER</b> 10/648,139	<b>FILING OR 371(c) DATE</b> 08/26/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> RS0204Y
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*DS*  
**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/408,058 09/03/2002 and claims benefit of 60/431,474 12/05/2002

*DS*  
**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 NONE - *DS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 11/19/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>DS</i> Initials <i>DS</i>			

**ADDRESS**  
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**TITLE**  
 Alternatively spliced isoforms of human PHKA2

<b>FILING FEE RECEIVED</b> 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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